Consent for Release of Information

Broadway campus
1155 East Broadway, Vancouver, B.C. V5T 4V5

Downtown campus
250 West Pender St., Vancouver, B.C. V6B 1S9

p: 604.871.7000, option 4
f: 604.443.8450
e: records@vcc.ca

www.**VCC.CA**

Please submit to the Registrar's Office.

Personal information

Student ID

Last name (family name) First name

Type of consent

☐ Full record

☐ Performance in the following course(s): .....

.....

☐ Other: .....

Release information to:

This information may be released to the following individual and/or agency: .....

.....

.....

.....

This consent remains in effect until the student requests in writing to Vancouver Community College to withdraw this authorization.

Student signature Date

Legal guardian signature Date

CO_C CO_CoMa_0072_ReOf_20151218

Personal information provided for the purposes of releasing information to a third party is collected, protected, used, disclosed and retained in compliance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use and disclosure of your personal information by VCC or the use of this form, please contact the Registrar's Office, Vancouver Community College, 1155 East Broadway, Vancouver, B.C. V5T 4V5; 604.871.7000.